

H. APPLICATION FOR APPROVAL OF SPECIAL COURSES

_____ **Academic**

_____ **Vocational**

_____ **Special Education**

Section A-GENERAL INFORMATION This section is to be completed for all requests.

Date of Application _____

School System _____ State System Number _____

Contact Person _____

E-mail _____

Phone Number _____ Fax Number _____

School Where Proposed Course is to be Offered: _____

(For multiple school sites complete Attachment 1 for EACH additional site)

State School Number _____

Date of Approval by Local Board of Education _____ (Must be approved annually)

The information on this application is complete and accurate. Assigning the proposed instructor to this special course will not preclude having all State Board approved courses taught by appropriately endorsed teachers.

Director of Schools Signature _____

1. Name of Proposed Course _____

2. Check year for which approval is requested: ____ 1st ____ 2nd ____ 3rd ____ 4th or More

3. Please indicate the year and which semester the course is offered

School Year _____ Semester(s) _____ Fall _____ Spring _____ Full Year _____ Summer

4. Please indicate the scheduling format of this school

_____ Traditional/Regular _____ Block _____ Modified Block

5. Total units of credit available through proposed course: _____

6. Describe briefly the nature of this course:

Section B-INSTRUCTOR INFORMATION

Special courses are to be taught by fully licensed and properly endorsed instructors. No permits or waivers are allowed. Special courses may not be taught outside the approved area of endorsement except in the area of technology-based intervention.

a. Name of Instructor (or of the Facilitator for technology based intervention course):
b. Teacher Number of Instructor:
c. Endorsements Held by Instructor:
d. Industry Certifications Held by Instructor (if applicable):
e. Any Special Qualifications of Instructor:
f. Technology qualifications of the teacher(s) who will facilitate the intervention course(s):

For Technology-based Intervention Courses ONLY, list the name(s), teacher number(s), and endorsement(s) of consulting teachers.

Name(s)	Teacher Number(s)	Endorsement(s)

Section C-DETAILED COURSE INFORMATION

1. Total number of hours of instruction: _____

2. Check one area of the curriculum in which credit is awarded. Credit must be awarded in a specific area, and cannot be requested simply as "elective credit".

<input type="checkbox"/>	Arts	<input type="checkbox"/>	Science
<input type="checkbox"/>	Business	<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	Computer Technology	<input type="checkbox"/>	Special Education
<input type="checkbox"/>	Foreign Language	<input type="checkbox"/>	Vocational-Technical Education Specify program area: _____
<input type="checkbox"/>	Language Arts	<input type="checkbox"/>	Wellness & P.E.
<input type="checkbox"/>	Math	<input type="checkbox"/>	Other (please specify) _____

3. Pre-requisite(s):
4. Can course be counted as one of the total number of units required by the State Board of Education for graduation? Yes _____ No _____
5. Total units of credit required by system for graduation: _____
6. Anticipated enrollment in course. _____
7. Grade level(s) eligible to enroll: _____
8. Justification for course/program (reason for including this course in the school program)
9. Names/titles of individuals who developed the course:
10. Resources used to develop the course:
11. Goals of course/program (student learning goals):
17. Major units of instruction of course/program:
(If offered at more than one school, content must be consistent)
18. Texts and/or supplementary materials to be used:

19. Proposed instructional methods and activities:

20. Facilities available for course/program:

21. Procedure for evaluating student progress:

22. Procedure for evaluating success of course:

NOTE: Standards, Learning Expectations, and Performance Indicators must be attached to this application. These should follow the same format as those for current State-Board approved courses. If vocational-technical education credit is requested, correctly formatted competency profiles must also be attached.

- If the course credit being requested on this application is for academic credit that is not technology-based, STOP here.
- If the requested course is a special education course, STOP here.
- If this application is being made to award vocational-technical education credit (as indicated in item 2), continue to and complete Section D.
- If this application is being made for approval for a technology-based course, continue to and complete section E.

SECTION D-VOCATIONAL-TECHNICAL EDUCATION COURSE-Complete this section only if you are seeking to award credit in vocational-technical education.

1. Outline how this course fits into a vocational program sequence.
2. Interpret and summarize and attach labor market data to support the proposed course in the local area. Cite the source of the data.

SECTION E-TECHNOLOGY-BASED COURSE-Complete this section of the form only if you are seeking approval for a technology-based course.

1. This course is:
_____ A) Technology-based Intervention
Tech Based Intervention 3645
_____ B) Online Courses 8000 Series
_____ C) Video-based Distance Learning
2. For Technology-based Intervention, check appropriate area(s):
___ Algebra ___ Biology ___ English
3. For online and video-based distance learning courses **ONLY**, who will evaluate coursework submitted by students enrolled?
4. Origination of course:
Type:
___ Satellite ___ On-line ___ CD-ROM-based
Provider/Vendor: _____

Note: For technology-based intervention courses a correlation of the gateway standards with the provided program must be attached.

ATTACHMENT 1 - SAME COURSE OFFERING FOR MULTIPLE SCHOOL SITES
(Complete this attachment for each school)

System Name _____ System Number _____

School Name _____ School Number _____

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a. Name of Instructor (or of the Facilitator for technology based intervention course):
b. Teacher Number of Instructor:
c. Endorsements Held by Instructor:
e. Industry Certifications Held by Instructor (if applicable):
g. Any Special Qualifications of Instructor:
h. Technology qualifications of the teacher(s) who will facilitate the intervention course(s):

For Technology-based Intervention Courses ONLY, list the name(s), teacher number(s), and endorsement(s) of consulting teachers.

Name(s)	Teacher Number(s)	Endorsement(s)

VOCATIONAL-TECHNICAL EDUCATION COURSE

Outline how this course fits into a vocational program sequence.

Facilities available for course/program: